#### FORM D

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

#### FORM D

# NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

| 142 | 3966 |
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OMB APPROVAL
OMB Number: 3235-0076

| SEC U  | ISE ONLY |
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| Prefix | Serial   |
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| DATE   | RECEIVED |
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| U  | NIFORM LIMITED OFFERING EXEM                                   | MPHON  | DATE RECEIVED   |
|--|--|--|---|
|  |  |  |   |
| Name of Offering ( Check if this is an a     | mendment and name has changed, and indicate change.)           | <u>.                                    </u> |   |
| Best Energy Services, Inc., Convertible S    | - ·  |  |   |
| Filing Under (Check box(es) that apply):     | Rule 504 Rule 505 Rule 506                                     | Section 4(6)                                 | ULOE  |
| Type of filing: New Filing                   | Amendment  | _ beeson 4(0)                                | OLOC  |
| - Jype or June 1                             | A. BASIC IDENTIFICATION DAT                                    | ΓΑ   |   |
| 1. Enter the information requested about th  |  |  |   |
|  | endment and name has changed, and indicate change.)            | <del></del>                                  | A PARATTA PROPERTATOR REPORTED AND A STORE HITCHER              |
| Best Energy Services, Inc.                   |  |  |   |
| Address of Executive Offices                 | (Number and Street, City, State, Zip Code)                     | Telephone Number (Incl                       | 1500    00161   1616   00110   1610   0010   6140   1150   1160 |
| 1010 Lamar, Suite 1200, Houston, Texas       | · · · · · · · · · · · · · · · · · · ·                          | (713)-933-2600                               | 08020533  |
| Toto Lamai, Suite 1200, Houston, 1 c.as      | ,                        | (713)-733-2000                               |   |
| Address of Principal Business Operations     | (Number and Street, City, State, Zip Code)                     |  |   |
| (if different from Executive Offices)        |  | 0.0  | SEG   |
|  |  | Telephone Number (Inchi)                     | rg Area Code)   |
| Brief Description of Business                |  | ક  | Section Section   |
|  |  | I.   |   |
| Manufacturer of temporary housing for        | drilling rig crews.  | JAN  | 14 2008 COLCEED   |
| Type of Business Organization                |  |  | ODOCESSED   |
|  | ☐ limited partnership, already formed ☐                        | other (please specify)                       | Phoocos   |
| business trust                               | limited partnership, to be formed                              | other (please specify) ashin                 | gton, DGAN 2 2 2008   |
|  | Month Year   |  | OT JAN 2 2 2008 E   |
| Actual or Estimated Date of Incorporation of |  |  | ESTIMATIONSON  FINANCIAL  |
| •  | n: (Enter two-letter U.S. Postal Service abbreviation for St   | tate:  | CINANCIAL   |
| CN for C                                     | anada; FN for other foreign jurisdiction)                      | Т  |   |
|  |  |  |   |
|  |  |  |   |
| GENERAL INSTRUCTIONS                         |  |  |   |
| Federal:                                     | ring of cognities in religings on an examplion and an Decision | tion Dios Section 4(6), 17 CPI               | 220 501 at sec. or 15 115 C                                     |
| 77d(6).                                      | ring of securities in reliance on an exemption under Regula    | uon o or section 4(o), 17 CFI                | x 230.301 et seq. or 13 0.3.C.                                  |
| (-/-   |  |  |   |

When to File: A Notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

#### State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

|  |  | A. BASIC IDENT  | IFICATION DATA                     |  |                                 |
|--|--|---|------------------------------------|--|---------------------------------|
| 2. Enter the information rec   | juested for the following                    |   |                                    |  |                                 |
| <ul> <li>Each beneficial ow</li> <li>Each executive off</li> </ul>   | ner having the power icer and director of co | to vote or dispose, or direct the properties issuers and of corporate | vote or disposition of, 10% or moi | re of a class of equity se<br>partnership issuers; and | ccurities of the issuer;        |
| Check Box(es) that Apply:  | Promoter                                     | Beneficial Owner  |                                    | □ Director   | General and/or Managing Partner |
| Each promoter of the issuer, if the issuer has been organized within the past five years; Each beneficial owner having the power to vote or dispose, ordirect the vote or disposition of, 10% or more of a class of equity securifies. Each executive Officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and Each general and managing partners of partnership issuers.  Check Box(es) that Apply: |  |   |                                    |  |                                 |
|  |  | City State 7 in Code)   |                                    | ·  |                                 |
| Busiless of Residence Addres   | s (Number and Succi,                         | City, State, Zip Code)  |                                    |  |                                 |
| Check Box(es) that Apply:  | Promoter                                     | ⊠ Beneficial Owner  |                                    | ☑ Director   | General and/or Managing Partner |
|  | individual)                                  |   |                                    |  |                                 |
| 1010 Lamar, Suite 1200, Hou  | iston, Texas, 77002                          |   |                                    |  |                                 |
| Business or Residence Addres   | s (Number and Street,                        | , City, State, Zip Code)  |                                    |  |                                 |
| Check Box(es) that Apply:  | Promoter                                     | ☐ Beneficial Owner  | Executive Officer                  | Director   | General and/or Managing Partner |
| Full Name (Last name first, if   | individual)                                  |   |                                    |  |                                 |
| Business or Residence Addres   | s (Number and Street,                        | . City, State, Zip Code)  |                                    |  |                                 |
|  | ·  |   |                                    |  |                                 |
| Check Box(es) that Apply:  | Promoter                                     | Beneficial Owner  | ☐ Executive Officer                | Director   | General and/or Managing Partner |
| Full Name (Last name first, if   | individual)                                  | -   |                                    |  |                                 |
| Business or Residence Addres   | s (Number and Street,                        | City, State, Zip Code)  |                                    | · <del>-</del> :-                                      |                                 |
| Charle Boy(og) that Ambe   | C Promoter                                   | Reneficial Owner  | Frecutive Officer                  | Director   | General and/or                  |
| Check Box(es) that Approx.   | - Homoter                                    | C Belieficial Owner   | Excedine officer                   |  | Managing Partner                |
| Full Name (Last name first, if   | individual)                                  |   |                                    |  |                                 |
| Business or Residence Addres   | s (Number and Street,                        | City, State, Zip Code)  |                                    |  |                                 |
| Check Box(es) that Apply:  | Promoter                                     | Beneficial Owner  | Executive Officer                  | ☐ Director   | General and/or                  |
|  |  | <del>-</del>  |                                    |  | Managing Partner                |
| Full Name (Last name first, if   | individual)                                  |   |                                    |  |                                 |
| Business or Residence Address  | s (Number and Street,                        | City, State, Zip Code)  |                                    |  |                                 |
| Check Box(es) that Apply:  | Promoter                                     | Beneficial Owner  | Executive Officer                  | Director   | General and/or Managing Partner |
| Full Name (Last name first, if   | individual)                                  |   |                                    |  |                                 |
| Business or Residence Address  | s (Number and Street,                        | City, State, Zip Code)  |                                    |  |                                 |

| MT    NE    NV    NH  x   NJ    NM    NY    NC    ND    OH    OK  x   OR    PA    [RI]   SC    SD    TN    TX    UT    VT    VA  x   WA    WV    WI    WV    PR    Full Name (Last name first, if individual)    Business or Residence Address (Number and Street, City, State, Zip Code)    Name of Associated Broker or Dealer   States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States)   |                |                |                 |                 | B. 1            | NFORMATI       | ION ABOUT       | T OFFERI      | NG             | <del></del>      |                |         |             |
|---|----------------|----------------|-----------------|-----------------|-----------------|----------------|-----------------|---------------|----------------|------------------|----------------|---------|-------------|
| Answer also in Appendix, Column 2, if filling under ULOE.  2. What is the minimum investment that will be accepted from any individual?  3. Does the offering permit joint ownership of a single unit?  4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar tenuncation for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed are associated person or sealth the SEC andro with a state or states, list the name of the broker or dealer. If in more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only.  Full Name (Last name first, if individual)  Andrew Garret, Inc.  Business or Residence Address (Number and Street, City, State, Zip Code)  330 Lexington Avenue, Ste. 2135, New York, NY, 10168  Name of Associated Broker or Dealer  States in Which Person Listed Has Solicited or Intends to Solicit Purchasers  (Check "All States" or check individual) States).  [ALL AN AC A RA R  |                |                |                 |                 |                 |                |                 |               |                |                  |                |         |             |
| 2. What is the minimum investment that will be necepted from any individual?  3. Does the offering permit joint ownership of a single unit?  4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed as associated persons or a gent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than frive (3) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer. If more than frive (3) persons to be listed error associated persons of such a broker or dealer, you may set forth the information for that broker or dealer. If more than frive (3) persons to be listed error associated persons of such a broker or dealer, you may set forth the information for that broker or dealer. If more than frive (3) persons to be listed error septiment of such as a state or states, list the name of the broker or dealer. If more than frive (3) persons to be listed error sealer of such as a state or states, list the name of the tokker or dealer. If more than frive (3) persons to be listed error sealer or dealer. If more than frive than frive than frive than frive than frive (3) persons to be listed error sealer. If more than frive tha | 1. Has the is  | ssuer sold, or | does the issu   | er intend to se | ell, to non-acc | redited inves  | tors in this of | Mering?       |                |                  |                |         | ⊠           |
| 4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the man of the broker or dealer registered with the SEC and/or with a state or states, list the man of the broker or dealer only.  Full Name (Last name first, if individual)  Andrew Garrett, Inc.  Business or Residence Address (Number and Street, City, State, Zip Code)  380 Lexington Avenue, St. 2135, New York, NY, 10168  Name of Associated Broker or Dealer  States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States).  [AL] [AK] [AZ] [AR] [AX] [AX] [AR] [KY] [LA] [ME] [MD] [MA] [MI] [MN] [MS] [MO] [MT] [NE] [NV] [NH] [X [M]] [MN] [NY] [NC] [ND] [OH] [OK] [VW] [VW] [VW] [VW] [VW] [VW] [VW] [VW  |                |                |                 |                 | Answer also     | o in Appendix  | c, Column 2,    | if filing und | ler ULOE.      |                  |                |         |             |
| 3. Does the offering permit joint ownership of a single unit?  4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed as associated persons of such a broker or dealer, you may set forth the information for that broker or dealer. The offering is a state or states, list the name of the broker or dealer. The offering is a state or states, list the name of the broker or dealer. The offering is a state or states, list the name of the broker or dealer. The offering is a state or states, list the name of the broker or dealer. The offering is a state or states, list the name of the broker or dealer. The offering is a state or states, list the name of the broker or dealer. The offering is a state or states, list the name of the broker or dealer. The offering is a state or states, list the name of the broker or dealer. The offering is a state or states, list the name of the broker or dealer. The offering is a state or states, list the name of the broker or dealer. The offering is a state or states, list the name of the broker or dealer. The offering is a state or states, list the name of the broker or dealer. The offering is a state or states, list the name of the broker or dealer. The offering is a state or states, list the name of the broker or dealer.    [AL] (AK) [AZ] [AR] [AZ] [AR] [AZ] [AR] [AZ] [AR] [AZ] [AR] [AZ] [AR] [AZ] [AZ] [AZ] [AZ] [AZ] [AZ] [AZ] [AZ  | 2. What is the | he minimum     | investment th   | at will be acc  | epted from ar   | ny individual? | ?               |               |                |                  |                | \$ 2    | 5,000.00    |
| 4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering if a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than fire (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only.  Full Name (Last name first, if individual)  Andrew Carrett, Inc.  Business or Residence Address (Number and Street, City, State, Zip Code)  380 Lexington Avenue, Ste. 2135. New York, NY, 10168  Name of Associated Broker or Dealer  States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States).  [AL] [AK] [AZ] [AR] K] [KY] [LA] [ME] [MD] [MA] [MI] [MN] [MS] [MO] [MI] [MN] [MS] [MO] [MI] [NN] [MS] [MO] [MI] [NN] [NN] [MN] [NN] [NN] [NN] [NN] [NN   |                |                |                 |                 |                 |                |                 |               |                |                  |                |         |             |
| remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer. If more than five (3) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only.  Full Name (Last name first, if individual)  Andrew Carrett, Inc.  Business or Residence Address (Number and Street, City, State, Zip Code)  380 Lexington Avenue, Ste. 2135. New York, NY, 10168  Name of Associated Broker or Dealer  States in Which Person Listed Has Solicited or Intends to Solici Purchasers (Check "All States" or check individual)  [MT] [RE] [NY] [NH] [NY] [NH] [NY] [VT] [VT] [VA] x [WA] [WV] [WI] [WY] [PR]  Full Name of Associated Broker or Dealer  States in Which Person Listed Has Solicited or Intends to Solici Purchasers (Check "All States" or check individual)  Business or Residence Address (Number and Street, City, State, Zip Code)  Name of Associated Broker or Dealer  States in Which Person Listed Has Solicited or Intends to Solici Purchasers (Check "All States" or check individual)  Business or Residence Address (Number and Street, City, State, Zip Code)  Name of Associated Broker or Dealer  States in Which Person Listed Has Solicited or Intends to Solici Purchasers (Check "All States" or check individual States) [MI] [NI] [NI] [NI] [NI] [NI] [NI] [NI] [N   |                |                |                 |                 |                 |                |                 |               |                |                  |                |         | $\boxtimes$ |
| Person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only.    Full Name (Last name first, if individual)   | 4. Enter the   | e information  | requested fo    | r each perso    | n who has be    | en or will be  | paid or give    | en, directly  | or indirectly, | any commiss      | ion or similar |         |             |
| Five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only.  |                |                |                 |                 |                 |                |                 |               |                |                  |                |         |             |
| Only.   |                |                |                 |                 |                 |                |                 |               |                |                  |                |         |             |
| Full Name (Last name first, if individual)  |                | persons to be  | insted are as   | sociated pers   | ons or such a   | i blokel of G  | caici, you iii  | ay see form   | the informatic | ar ioi tilat bit | oker of dealer |         |             |
| Andrew Garrett, Inc.  |                | Last name fir  | st if individu  | al)             | •               |                |                 |               |                |                  |                |         |             |
| States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States   [KT]     | •              |                | - '•            | •               |                 |                |                 |               |                |                  |                |         |             |
| States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States   [KT]     |                |                | dress (Numb     | er and Street   | City State 2    | (in Code)      |                 |               |                |                  |                |         |             |
| Name of Associated Broker or Dealer   |                |                | -               |                 | -               |                |                 |               |                |                  |                |         |             |
| States in Which Person Listed Has Schicited or Intends to Solicit Purchasers   (Check "All States" or check individual States)  |                |                |                 |                 |                 |                |                 |               |                |                  |                |         |             |
| All States   Check "All States" or check individual States)   |                | 00             |                 |                 |                 |                |                 |               |                |                  |                |         |             |
| All States   Check "All States" or check individual States)   | States in Wh   | ich Person Li  | sted Has Soli   | cited or Inten  | ds to Solicit F | urchasers      |                 |               |                |                  |                |         |             |
| [IL]  |                |                |                 |                 |                 |                |                 |               |                |                  | .,             | ☐ All S | States      |
| IL  | ` -            |                |                 |                 | •               |                | [CT]            | [DE]          | (DC)           | (FL)             | [GA]           | [HI]    | [ID]        |
| MT    NE    NV    NH  x   NJ    NM    NY    NC    ND    OH    OK  x   OR    PA    RI    SC    SD    TN    TX    UT    VT    VA  x   WA    WV    WI    WY    PR    Full Name (Last name first, if individual)    Business or Residence Address (Number and Street, City, State, Zip Code)    Name of Associated Broker or Dealer   |                |                |                 |                 |                 |                |                 |               |                | [MI]             | [MN]           | [MS]    | [MO]        |
| RI  |                |                | , ,             |                 |                 |                |                 | INCI          |                | [OH]             | [OK] x         | [OR]    | [PA]        |
| Full Name (Last name first, if individual)  Business or Residence Address (Number and Street, City, State, Zip Code)  Name of Associated Broker or Dealer  States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States)   |                |                |                 | . ,             |                 |                |                 |               |                |                  | įwij           | [WY]    | [PR]        |
| Business or Residence Address (Number and Street, City, State, Zip Code)  Name of Associated Broker or Dealer  States in Which Person Listed Has Sclicited or Intends to Solicit Purchasers (Check "All States" or check individual States)   | <u> </u>       | . ,            |                 |                 |                 |                |                 |               |                |                  |                |         |             |
| Name of Associated Broker or Dealer   | •              |                |                 | ,               |                 |                |                 |               |                |                  |                |         |             |
| States in Which Person Listed Has Solicited or Intends to Solicit Purchasers   (Check "All States" or check individual States)  | Business or R  | esidence Ado   | iress (Numbe    | er and Street,  | City, State, Z  | ip Code)       |                 |               |                |                  |                |         | <del></del> |
| States in Which Person Listed Has Solicited or Intends to Solicit Purchasers   (Check "All States" or check individual States)  |                |                |                 |                 |                 |                |                 |               |                |                  |                |         |             |
| All States   All  | Name of Asso   | ciated Broke   | r or Dealer     |                 |                 |                |                 | -             |                |                  |                | •       |             |
| All States   All  |                |                |                 |                 |                 |                |                 |               |                |                  |                |         |             |
| [AL] [AK] [AZ] [AR] [CA] [CO] [CT] [DE] [DC] [FL] [GA] [HI] [ID] [IL] [IN] [IA] [KS] [KY] [LA] [ME] [MD] [MA] [MI] [MN] [MS] [MO] [MT] [NE] [NV] [NH] [NJ] [NM] [NY] [NC] [ND] [OH] [OK] [OR] [PA] [RI] [SC] [SD] [TN] [TX] [UT] [VT] [VA] [WA] [WV] [WI] [WY] [PR] Full Name (Last name first, if individual)  Business or Residence Address (Number and Street, City, State, Zip Code)  Name of Associated Broker or Dealer  States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States) All States [AL] [AK] [AZ] [AR] [CA] [CO] [CT] [DE] [DC] [FL] [GA] [HI] [ID] [IL] [IN] [IA] [KS] [KY] [LA] [ME] [MD] [MA] [MI] [MN] [MS] [MO] [MT] [NE] [NV] [NH] [NJ] [NM] [NY] [NC] [ND] [OH] [OK] [OR] [PA]   | States in Whi  | ch Person Lis  | ted Has Solic   | ited or Intend  | ls to Solicit P | urchasers      |                 |               |                |                  |                |         |             |
| [IL] [IN] [IA] [KS] [KY] [LA] [ME] [MD] [MA] [MI] [MN] [MS] [MO] [MT] [NE] [NV] [NH] [NJ] [NM] [NY] [NC] [ND] [OH] [OK] [OR] [PA] [RI] [SC] [SD] [TN] [TX] [UT] [VT] [VA] [WA] [WV] [WI] [WY] [PR] [WY] [PR] [WY] [PR] [WY] [WY] [WY] [WY] [WY] [WY] [WY] [WY   | (C             | heck "All Sta  | ites" or check  | individual St   | tates)          |                |                 |               |                |                  |                | ☐ All   | States      |
| MT  | [AL]           | [AK]           | [AZ]            | [AR]            | [CA]            | [CO]           | [CT]            | [DE]          | [DC]           | [FL]             | [GA]           | [HI]    | [ID]        |
| RI   SC   SD   TN   TX   UT   VT   VA   WA   WV   WI   WY   PR  | (IL)           | [IN]           | [IA]            | [KS]            | [KY]            | [LA]           | [ME]            | [MD]          | [MA]           | [MI]             | [MN]           | [MS]    | [MO]        |
| Full Name (Last name first, if individual)  Business or Residence Address (Number and Street, City, State, Zip Code)  Name of Associated Broker or Deder  States in Which Person Listed Has Solicited or Intends to Solicit Purchasers  (Check "All States" or check individual States)  [AL] [AK] [AZ] [AR] [CA] [CO] [CT] [DE] [DC] [FL] [GA] [HI] [ID] [IL] [IN] [IA] [KS] [KY] [LA] [ME] [MD] [MA] [MI] [MN] [MS] [MO] [MT] [NE] [NV] [NH] [NJ] [NM] [NY] [NC] [ND] [OH] [OK] [OR] [PA]   | [MT]           | [NE]           | [NV]            | [NH]            | [NJ]            | [MM]           | [NY]            | [NC]          | [ND]           | [OH]             | [OK]           | [OR]    | [PA]        |
| Business or Residence Address (Number and Street, City, State, Zip Code)  Name of Associated Broker or Dealer  States in Which Person Listed Has Solicited or Intends to Solicit Purchasers  (Check "All States" or check individual States)  | [RI]           | [SC]           | [SD]            | [TN]            | [TX]            | (UT)           | [VT]            | [VA]          | [WA]           | [WV]             | [WI]           | [WY]    | [PR]        |
| Name of Associated Broker or Dealer         States in Which Person Listed Has Solicited or Intends to Solicit Purchasers         (Check "All States" or check individual States)         [AL] [AK] [AZ] [AR] [CA] [CO] [CT] [DE] [DC] [FL] [GA] [HI] [ID]         [IL] [IN] [IA] [KS] [KY] [LA] [ME] [MD] [MA] [MI] [MN] [MS] [MO]         [MT] [NE] [NV] [NH] [NJ] [NM] [NY] [NC] [ND] [OH] [OK] [OR] [PA]   | Full Name (L   | ast name firs  | t, if individus | ıl)             |                 | · ·            |                 |               |                |                  |                |         |             |
| Name of Associated Broker or Dealer         States in Which Person Listed Has Solicited or Intends to Solicit Purchasers         (Check "All States" or check individual States)         [AL] [AK] [AZ] [AR] [CA] [CO] [CT] [DE] [DC] [FL] [GA] [HI] [ID]         [IL] [IN] [IA] [KS] [KY] [LA] [ME] [MD] [MA] [MI] [MN] [MS] [MO]         [MT] [NE] [NV] [NH] [NJ] [NM] [NY] [NC] [ND] [OH] [OK] [OR] [PA]   |                |                |                 | 1.0.            | 0. 0. 2         |                |                 |               |                |                  |                |         |             |
| States in Which Person Listed Has Solicited or Intends to Solicit Purchasers    (Check "All States" or check individual States)   | Business or R  | esidence Add   | iress (Numbe    | er and Street,  | City, State, Z  | ip Code)       |                 |               |                |                  |                |         |             |
| (Check "All States" or check individual States)       All States         [AL] [AK] [AZ] [AR] [CA] [CO] [CT] [DE] [DC] [FL] [GA] [HI] [ID]         [IL] [IN] [IA] [KS] [KY] [LA] [ME] [MD] [MA] [MI] [MN] [MS] [MO]         [MT] [NE] [NV] [NH] [NJ] [NM] [NY] [NC] [ND] [OH] [OK] [OR] [PA]   | Name of Asso   | ciated Broke   | r or Dealer     |                 |                 |                |                 |               | <del></del>    | <del>, ,</del>   |                |         |             |
| (Check "All States" or check individual States)   | States in Whi  | ah Darram 1 :- | tad Una Calla   | ited or Inter-  | le to Soliais D | urchasees      | <del></del>     |               |                |                  |                |         |             |
| [AL] [AK] [AZ] [AR] [CA] [CO] [CT] [DE] [DC] [FL] [GA] [HI] [ID] [IL] [IN] [IA] [KS] [KY] [LA] [ME] [MD] [MA] [MI] [MN] [MS] [MO] [MT] [NE] [NV] [NH] [NJ] [NM] [NY] [NC] [ND] [OH] [OK] [OR] [PA]  |                |                |                 |                 |                 |                |                 |               |                |                  |                |         | States      |
| [IL] [IN] (IA] (KS] [KY] [LA] [ME] [MD] [MA] [MI] [MN] [MS] [MO] [MT] [NE] [NV] (NH] [NJ] [NM] [NY] [NC] [ND] [OH] [OK] [OR] [PA]   | ·              |                |                 |                 |                 |                | [(~T)           | IDE)          | (DC)           | (E) J            | [GA1           | _       |             |
| [MT] [NE] [NV] [NH] [NJ] [NM] [NY] [NC] [ND] [OH] [OK] [OR] [PA]  | = =            |                |                 |                 |                 |                |                 |               |                |                  | • -            |         |             |
|   |                |                |                 |                 |                 |                |                 |               |                |                  | =              |         |             |
| - IRII ISCI ISDI IINI IIXI IQII IVII IVAI IWAI IWVI IWII IWXI IRKI  | [RI]           | [SC]           | [SD]            | (TN)            | [XT]            | [UT]           | [VT]            | [VA]          | [WA]           | [WV]             | [WI]           | [WY]    | [PR]        |

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

|    | C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND US   | Ur  | PROCEEDS            |          |                                      |
|----|---|-----|---------------------|----------|--------------------------------------|
| l. | Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.   |     |                     |          |                                      |
|    | exchanged.  |     | Aggregate           |          | Amount Already                       |
|    | Type of Security  |     | Offering Price      |          | Sold                                 |
|    | Debt  | \$_ | 0                   | S        | 0                                    |
|    | Equity  | \$_ | 0                   | S        | 0                                    |
|    | ☐ Common ☐ Preferred  |     |                     |          |                                      |
|    | Convertible Securities (including warrants)   | \$  | 800,000.00          | \$       | 800,000.00                           |
|    | Partnership Interests   | s   | 0                   | \$       | 0                                    |
|    | Other (Specify)   | _   |                     | •        | 0                                    |
|    | Total   | -   | 800,000.00          | \$       | 800,000.00                           |
|    | Answer also in Appendix, Column 3, if filing under ULOE.  | -   | 000,000.00          | . •      |                                      |
| 2. | Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."            |     |                     |          |                                      |
|    |   |     | Number<br>Investors |          | Aggregate Dollar Amount of Purchases |
|    | Accredited Investors  |     | 5                   | s        | 800,000.00                           |
|    | Non-accredited Investors  |     | 0                   | S        | 0                                    |
|    | Total (for filings under Rule 504 only)   | _   |                     | S        |                                      |
|    | Answer also in Appendix, Column 4, if filing under ULOE.  | _   |                     |          |                                      |
| 3. | If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C – Question 1.  |     |                     |          |                                      |
|    | Type of offering  |     | Type of<br>Security |          | Dollar Amount<br>Sold                |
|    | Rule 505  |     | <b>,</b>            | \$       |                                      |
|    | Regulation A  | _   |                     | S        |                                      |
|    | •   | _   | <del></del>         | •        |                                      |
|    | Rule 504  | -   |                     | ,        |                                      |
| 4. | a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate. | _   |                     | •        | 0                                    |
|    | Transfer Agent's Fees   |     |                     | \$       | 0                                    |
|    | Printing and Engraving Costs  |     |                     | s        | 0                                    |
|    | Legal Fees  |     |                     | ç        | 15,000.00                            |
|    |   |     |                     | e e      | 0                                    |
|    | Accounting Fees.  |     |                     | \$       |                                      |
|    | Engineering Fees  |     |                     | <b>3</b> | 0                                    |
|    | Sales Commissions (specify finders' fees separately)  |     |                     | \$       | 0                                    |
|    | Other Expenses (identify); Reimbursement of purchasers' expenses  |     |                     | \$       |                                      |
|    | Total   |     | 🛮                   | \$       | 15,000.00                            |

| b. Enter the difference between the aggregate price given in response to Part C - Question I response to Part C - Question 4.a. This difference is the "adjusted gross proceeds to the Issuer,".  | and to       | an e  | xpenses    | ស្រកា                               | ished in      | i        |      | 785.000.00               |
|---|--------------|-------|------------|-------------------------------------|---------------|----------|------|--------------------------|
| 5. Indicate below the amount of the adjusted gross proceeds to the issuer used or proposed to be purposes shown. If the amount for any purpose is not known, furnish an estimate and check the estimate. The total of the payments listed must be equal the adjusted gross proceeds to the issuer to Part C - question 4.b above.   | box to       | the   | left of th | 16                                  |               |          | _    |                          |
|   |              |       | Di         | ymen<br>Office<br>rector<br>Affilia | 175.<br>13. & |          |      | Payments To<br>Others    |
| Sularies and fees   |              | \$    |            |                                     |               | _ 🗆      | \$   | <u> </u>                 |
| Purchase of real estate   |              | \$    |            |                                     |               | _ □      | \$   | <u> </u>                 |
| Purchase, rental or leasing and installation of machinery and equipment   |              | \$    |            |                                     |               | _ □      | S    |                          |
| Construction or leasing of plant buildings and facilities   |              | S     |            |                                     |               | _ 0      | 3    | ···                      |
| Acquisition of other husinesses (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another issuer pursuant to a merger)  |              | \$    |            |                                     |               |          | \$   | <b>.</b>                 |
| Repayment of indobtedness   | п            | s     |            |                                     |               | <br>Ø    | 5    | 351,805.99               |
| Working capital   |              | \$    |            |                                     |               | _ 🛮      | 5    | 337,194.01               |
| Other (specify): Inventory, Training/ Travel Expenses   |              | s     |            |                                     |               | _<br>⊠   | 1    | 96,000,00                |
| Column Totals   |              | 5     |            |                                     |               | _<br>⊠   | 1    | 785,000.00               |
| Total Payments Listed (column totals added)  Of FDERALI SIGNATURE  The issue has duly caused this notice to be signed by the undersigned duly authorized person. If this in undertaking by the issuer to furnish to the U.S. Securities and Exchange Commission, upon written   | notice       | is fi | led undo   | r Ru                                | le 503.       | the foll | lowi | ng signature constitutes |
| on-accredited investor pursuant to puragraph (b)(2) of Rule 502.  Signature   Signature |              |       | Date       |                                     | ,             |          | _    |                          |
| Sest Energy Services, Inc.  | <b>-</b><br> |       |            | $I_{\parallel}$                     | 7/            | 08       |      |                          |
| lame of Signer (Print or Type) Title of Signer (Print or Type)  |              |       |            |                                     |               |          |      |                          |
|   |              |       |            |                                     |               |          |      |                          |

|                            |   | E STATE SIGNATURE  |                           |             |
|----------------------------|---|--|---------------------------|-------------|
|                            |   | <del>-</del>   | Yes                       | No          |
| 1. Is any pa               | rty described in 17 CFR 230.262 present   | ly subject to any of the disqualification provisions of such rule?   |                           | $\boxtimes$ |
|                            |   | See Appendix, Column 5, for state response.  |                           |             |
|                            | rsigned issuer hereby undertakes to furt<br>is as required by state law.  | ish to any state administrator of any state in which this notice is filed, a notice on Form D (1   | 7 CFR 239                 | 9.500) at   |
| 3. The und                 | rsigned issuer hereby undertakes to furn  | ish to the state administrators, upon written request, information furnished by the issuer to off  | èrees.                    |             |
| 4. The und (ULOE) these on | rsigned issuer represents that the issuer of the state in which this notice is filed ditions have been satisfied. | is familiar with the conditions that must be satisfied to be entitled to the Uniform Limited (<br>and understands that the issuer claiming the availability of this exemption has the hurden | Mering Ex<br>of establish | IINE WAX    |
| The issuer has person.     | cad this notification and knows the con-  | ents to be true and has duly caused this notice to be signed on this its behalf by the undersign   | ned duly au               | morized     |
| Issuer (Print or           | Type)   | Signature Date / /   |                           |             |
| Best Energy S              | ervices, Inc.   | Mr 1/7/08  |                           |             |
| Name of Signe              | (Print or Type)   | Title of Signer (Print or Type)  |                           |             |
| William Weel               | ley   | Chief Financial Officer  |                           |             |

Instruction:
Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form 10 must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

### APPENDIX

| 1     | 2  | 2           | 3  |                                      | 4   |  | · · · · · · · · · · · · · · · · · · · |     | 5  |
|-------|--|-------------|--|--------------------------------------|---|--|---------------------------------------|-----|----|
|       | Intend to s<br>accredited i<br>State (Part | nvestors in | Type of security and aggregate offering price offered in state (Part C – Item 1) |                                      | Type of inve<br>amount purchas<br>(Part C - I | Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E - Item 1) |                                       |     |    |
| State | Yes  | No          |  | Number of<br>Accredited<br>Investors | Amount  | Number of<br>Non-<br>Accredited<br>Investors   | Amount                                | Yes | No |
| AL    |  |             |  |                                      |   |  |                                       |     |    |
| AK    |  |             |  |                                      |   |  |                                       |     |    |
| AZ    |  |             |  |                                      |   |  | <del> </del>                          | !   |    |
| AR    |  |             |  |                                      |   |  |                                       |     |    |
| CA    |  | x           | Convertible Secured Promissory Note  | 2                                    | \$125,000.00                                  |  |                                       |     | x  |
| СО    |  |             |  |                                      |   |  |                                       |     |    |
| CT    |  |             |  |                                      |   |  |                                       |     |    |
| DE    |  |             |  |                                      |   |  |                                       |     |    |
| DC    |  |             |  |                                      |   |  |                                       |     |    |
| FL    |  |             | , <del>,</del>   |                                      |   |  |                                       |     |    |
| GA    |  |             |  |                                      |   |  |                                       |     |    |
| ні    |  |             |  |                                      |   |  |                                       |     |    |
| ID    |  |             |  |                                      |   |  |                                       |     |    |
| IL    |  |             |  |                                      |   |  |                                       |     |    |
| IN    |  |             | · · · · · · · · · · · · · · · · · · ·  |                                      |   |  |                                       |     |    |
| IA    |  |             |  |                                      |   | i  |                                       |     |    |
| KS    |  |             |  |                                      |   | <del></del>  |                                       |     |    |
| KY    |  |             |  |                                      |   |  |                                       |     |    |
| LA    |  |             |  |                                      |   |  |                                       |     | :  |
| ME    |  |             |  |                                      |   |  | '                                     |     |    |
| MD    |  |             |  |                                      |   |  |                                       |     |    |
| МА    |  |             |  |                                      |   |  |                                       |     | 1  |
| MI    |  |             |  |                                      |   |  |                                       |     |    |
| MN    |  |             |  |                                      |   |  |                                       |     | -  |
| MS    |  |             |  |                                      |   | -  |                                       |     |    |
| МО    |  |             |  |                                      |   |  |                                       |     |    |
|       |  |             |  | <del>.</del>                         |   |  | ļ                                     |     |    |

#### APPENDIX

| 1     | :       | 2  | 3  |   |  | 4          | <u> </u> |     | 5  |  |
|-------|---------|--|--|---|--|------------|----------|-----|----|--|
|       | non-acc | o sell to<br>credited<br>s in State<br>- Item 1) | Type of security<br>and aggregate<br>offering price<br>offered in state<br>(Part C - Item 1) |   | Disqualification under<br>State ULOE (if yes,<br>attach explanation of<br>waiver granted)<br>(Part E - Item 1) |            |          |     |    |  |
| State | Yes     | No   |  | Number of Accredited Non-Accredited Investors Amount Investors Amount |  |            |          |     |    |  |
| MT    | 103     | 110  |  | Investors   | 7  | THE COLUMN |          | Yes | No |  |
| NE    |         |  |  |   |  |            | <u></u>  |     |    |  |
| NV    |         |  |  |   |  |            |          |     |    |  |
| NH    |         |  |  |   |  |            |          |     |    |  |
| lи    |         | х  | Convertible<br>Secured<br>Promissory Note  | 1   | \$25,000.00  |            |          |     | x  |  |
| NM    |         |  |  |   |  |            |          |     |    |  |
| NY    |         |  |  |   |  |            |          |     |    |  |
| NC    |         |  |  |   |  |            |          |     |    |  |
| ND    |         |  |  |   |  |            |          |     |    |  |
| ОН    |         |  |  |   |  |            | ····     |     |    |  |
| OK    |         |  |  |   |  |            |          |     |    |  |
| OR    |         | x  | Convertible<br>Secured<br>Promissory Note  | 1   | \$575,000.00   |            |          |     | х  |  |
| PA    |         |  |  |   |  |            |          |     |    |  |
| RI    |         |  |  |   |  |            |          |     |    |  |
| SC    |         |  |  |   |  |            |          |     |    |  |
| SD    |         |  |  |   |  |            |          |     |    |  |
| TN    |         |  |  |   |  |            |          |     |    |  |
| TX    |         |  |  |   |  |            |          |     |    |  |
| UT    |         |  |  |   |  |            |          |     |    |  |
| VT    |         |  |  |   | <del></del>  |            |          |     |    |  |
| VA    |         |  |  |   |  |            |          |     |    |  |
| WA    |         | x  | Convertible<br>Secured<br>Promissory Note  | 1   | \$75,000.00  |            |          |     | x  |  |
| wv    |         |  |  |   |  |            |          |     |    |  |
| WI    |         |  |  |   |  |            |          |     |    |  |
| WY    |         |  |  |   |  |            |          |     |    |  |

